

Woolery Jacob David 201948  
Name and Prisoner/Booking Number

Lassen County Jail  
Place of Confinement

1405 Sheriff Cady Lane  
Mailing Address

Susanville CA 96130  
City, State, Zip Code

**FILED**

**JAN 28 2021**

(Failure to notify the Court of your change of address may result in dismissal of this action.)

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY AmC  
DEPUTY CLERK

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Woolery, Jacob David  
(Full Name of Plaintiff) Plaintiff,

v.

CASE NO. 2:21-cv-166 DB P  
(To be supplied by the Clerk)

(1) Shasta County Jail  
(Full Name of Defendant)

(2) Shasta County Sheriff

(3) Deputy Jesse Webb #445

(4) Wellpath Corp.  
Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: Shasta County Jail

## D. CAUSE OF ACTION

### CLAIM I

1. State the constitutional or other federal civil right that was violated: The right to grievance Fourteenth amendment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                 | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Grievances</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Deputy Webb, who is employed by the shasta county sheriff and shasta county Jail knowingly and willingly closed grievances and changed them from grievances to Request so they could not be appealed. Then when I filed a similar grievance so I could be heard at a high level Jesse Webb came to my cell to yell at me and threaten me. I filed a grievance about Jesse Webb and those actions and Jesse Webb was the Responding officer and closed the grievance so it couldn't be appealed.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I've been depressed and stressed to the max in these already stressful times

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Grievance were electronically closed and unappealable and/or turned into request.

### CLAIM II

1. State the constitutional or other federal civil right that was violated: The right to parole or the right to apply for parole

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                          | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                         | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>The right to parole</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Deputy Jesse Webb and Shasta County Jail will not give me a application for County Parole. AKA Sheriff's parole. I have filed request and grievances. Shasta County claims not to offer county parole. According to penal codes 3074, 3075, and 3076 I believe they have to. Shasta County claims they don't offer county parole, and don't have to.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I'm still incarcerated when I could be out providing for my family

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. My grievances were closed so they couldn't be appealed

**CLAIM III**

1. State the constitutional or other federal civil right that was violated: eighth amendment

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other:               |  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

For months while in Shasta County Jail I was in agonizing pain caused from cavities. The dentist told me he would provide treatment and fillings. I believe Shasta County Jail would not let him. I filed multiple request and grievances, all were closed so I couldn't appeal them. I was told to buy pain relievers from commissary by Well Path Corp and Shasta County Jail. This went on from 7/20 - 12/20. In 12/20 I injured my foot. The doctor ordered for me to get x-rays the following day. Shasta County transferred me to Lassen the next day with no x-rays and in extreme pain. Plus my teeth still hurt and Lassen County Jail doesn't have a dentist.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I've been in horrible pain almost my entire incarceration in Shasta County Jail.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Grievances were closed so they couldn't be appealed

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

Five hundred thousand dollars \$500,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-30-20  
DATE

  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.